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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051491 (7)

1. Corporation Name
THE WALNFORD INN, INC.

Principal Place of Business
106 SOUTH 7TH STREET
FERNANDINA BEACH FL 32034

Mailing Address
106 SOUTH 7TH STREET
FERNANDINA BEACH FL 32034-3923



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1993	3a. Date of Last Report 06/13/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3200534	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POOLE, WESLEY R
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TSD
NAME	WALN, DANIEL R	1.2 NAME	
STREET ADDRESS	170 N RIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	WALN, LINDA N	2.2 NAME	
STREET ADDRESS	170 N RIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MYERS, LARRY D	3.2 NAME	
STREET ADDRESS	1334 N FLETCHER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	MYERS, ANN H	4.2 NAME	
STREET ADDRESS	1334 N FLETCHER AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Daniel R. Waln

1-11-97

904-277-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0013785

CR2E034 (9/96)